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Reproductive Health & Wellness Program, Cincinnati Health Dept

Special Points of Interest:

- Sex Education
- HPV Vaccine
- Man to Man: Addition of Anti-Bullying Module



TEACHING OUR CHILDREN: ABSTINENCE-ONLY VS. COMPREHENSIVE HEALTH EDUCATION

Rates of teenage pregnancy in the United States have continued to fall in recent years, with 31 live births per 1,000 women aged 15-19 in 2011 being the lowest incidence since the Centers for Disease Control began tracking teen births in 1940¹.

Unfortunately, the US still ranks highest among developed countries in teenage pregnancies². With such high rates in this

country comes debate over how, or whether, we should teach our children in the classroom about sexuality and sexual behaviors.

Some favor an approach that conveys the message of abstinence-only, while others prefer a more comprehensive approach that incorporates abstinence teachings along with presenting information about

contraception.

For many years, abstinence-only education was the primary form of sexual education taught in our schools. According to thenationalcampaign.org, annually \$50 million in federal grants are awarded for abstinence-only education³.

(Continued on Page 2)

METHOD OF THE MONTH: ABSTINENCE

Abstinence can be defined in several ways. Some recognize abstinence as abstaining from vaginal intercourse, but still participating in other forms of sexual activity, otherwise known as outercourse. Others may define abstinence as not having vaginal intercourse during the times in a women's cycle when she may get pregnant, also known as periodic abstinence. Most people, however, define abstinence as not participating in any type of sexual activity with a partner.

When used continuously, abstinence is the only 100 percent effective method to prevent pregnancy and STIs. Other benefits include no financial costs associated with contraception and no medical or hormonal side effects. There are a variety of reasons why one may choose abstinence as their method of choice. These reasons include: avoiding pregnancy and/or STIs, waiting until one is ready for a sexual relationship, supporting one's own personal, moral, or religious beliefs and values, or following a physician's medical advice during an illness or infection.

Another important factor to consider when choosing to engage in or abstain from sexual activity involves the risks associated with getting involved in a sexual relationship. Planned Parenthood reports that "women who abstain until their 20's – and who have fewer partners in their lifetimes – may have certain health advantages over women who do not. They are less likely to get an STI and they are also less likely to become infertile or develop cervical cancer."⁹

One problematic factor with abstinence is that it must be used consistently in order to be 100 percent effective. Some may find abstaining from sexual intercourse difficult and may not be prepared with an alternate method of contraception if they decide not to abstain from sexual activity.

The Youth Risk Behavior Surveillance System (YRBSS), a national school-based survey of 9th through 12th graders, reports that 53% have abstained from sexual activity¹⁰. These results vary by race,



with a 40% abstinence rate among black students, a 52% abstinence rate among Hispanic students, and a 56% abstinence rate among white students. At *the body shop*, only 0.9% of clients choose abstinence. Abstinence is not a popular choice for our patients.

As adolescents and young adults gear up for school this year, it is important for them to weigh all their options for contraception and make an informed decision that fits their personal needs. For some, abstinence will be the right choice. For others, a more mistake-proof contraceptive method is a better choice.

HEALTH INSURANCE PRIVACY

“Minors who are sexually active, pregnant, or infected with a sexually transmitted disease (STI) and those who abuse drugs or alcohol or suffer from emotional or psychological problems may avoid seeking care if they must involve their parents. Recognizing this reality, many states explicitly authorize a minor to make decisions about their own medical care, but balancing the rights of parents and the rights of minors remains a topic of debate.”

From the Guttmacher Report on Public Policy, August 2000, Volume 3, number 4

As students head back to school, there will be a very large proportion of newly covered young people whose parents now have health insurance thanks to passage of the Affordable Care Act. The Department of Health and Human Services estimates more than 3 million young adults have gained coverage since the law has passed¹¹. Many of these adolescents and young adults will seek preventive healthcare services which they would like to keep confidential, private from even their parents. Keeping health care services confidential can be difficult, but in most cases it is feasible.

An Explanation of Benefits (EOB) is a statement detailing healthcare services and costs that are claimed on an insurance plan. It is usually sent to the primary holder of the insurance policy for billing purposes. In the case of a dependent, this would be the parent or guardian. Although laws vary from state to state, in many cases a dependent may be able to contact their insurance company and request that their individual EOBs be sent directly to them, instead of their parents, by changing the address to their own.

A dependent may also ask that all of their healthcare information be kept private and only released to them unless directed otherwise¹¹. In case you are wondering what the laws in the Tristate area are regarding EOBs, Ohio does not require an EOB to be sent out for each claim. Kentucky and Indiana, on the other hand, do require EOBs. Ohio and Kentucky do require that an EOB be sent out in cases that a claim has been denied, Indiana does not. A denial of claim notice is likely to include specific details of the care that was received, resulting in a

breach of the patient's confidentiality¹².

Other points to keep in mind when trying to keep individual healthcare services private are whether or not parents can have online access to the insurance account, or whether the names or locations of providers will be included on the EOB. One final thing to consider is whether or not a parent can access a dependent's insurance information without permission from the dependent¹³.

Healthcare providers and insurers will undoubtedly begin to recognize privacy concerns of dependents as more and more people are covered by their parents' insurance policy. In fact, some insurance companies have created new formats for their EOBs so that specifics about treatments or services have been deleted¹¹. These changes in healthcare policy will only increase the feeling of security and confidence that adolescents have in obtaining the preventive healthcare services that are crucial to maintaining a healthy, reproductive life.

Teaching our Children: (continued from page 1)

Proponents of abstinence-only education believe that kind of education teaches good morals and values, directing teenagers to wait until marriage to engage in sexual activity. By teaching adolescents about contraception and condom usage, it is believed that sexual activity is encouraged. Abstinence only education teaches that abstinence is the only completely effective way to avoid pregnancy or STIs.

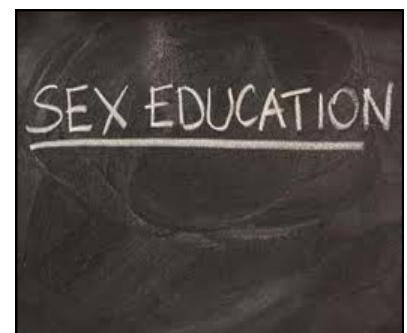
The fact remains, however, that teenagers do engage in sexual activity — as evidenced by the high pregnancy rates in the US. Furthermore, nearly half of all new STIs diagnosed each year are among those aged 15-24⁴. Comprehensive sex education receives \$180 million annually in federal grants awarded through 2 federal programs, which were created under the

Obama administration⁵. Comprehensive sex education promotes abstinence and also provides information about contraception and STIs for those who choose to engage in sexual activity. Proponents of this type of education believe that abstinence is the best choice for most teens, but that information regarding healthy and responsible behaviors should be provided for those who are sexually active.

Both sides can claim statistics that support each type of education. For example, a recent study found that those who received abstinence-only education scored higher in math⁶. However, in a systematic review of abstinence and comprehensive sex education programs, Kirby found that comprehensive programs positively affect adolescent sexual behavior⁷. Furthermore, states with the

highest rates of teenage pregnancy were found to be those that stressed abstinence-only education⁸.

From a public health standpoint, health messages should be data driven. Given the health disparities evident in Cincinnati, it might be time to consider comprehensive sexual education as an appropriate method for lowering teen pregnancy and STI rates.



FRESH FROM THE BODYSHOP

VOLUME 1 ISSUE 3

Name: Erin Armao**Hometown:** Akron, Ohio**Favorite book:**

The Poisonwood Bible, Barbara Kingsolver

What interests you about the body shop?

I'm really excited about reproductive health education. Giving people the tools and information they need to understand and care for the one thing that is truly their own – their body – is incredibly important, especially in the context of sexual and reproductive health. I'm especially thrilled about the Men's Health Initiative: it seems like reproductive health care is often aimed mostly at women, and I think it's great that the body shop is paying extra attention to the other half of the equation.

What got you interested in medicine?

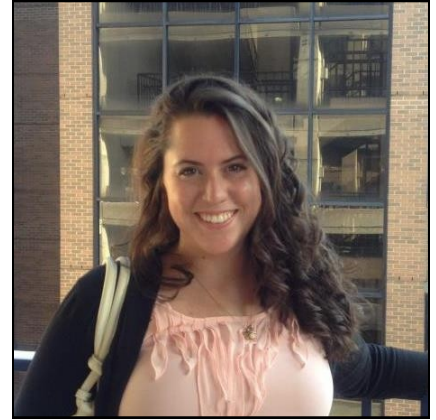
At heart, I'm really just a nosy person. I want to hear people's stories and then help them find solutions to some of their problems. Working in medicine will give me a chance to

MED STUDENT SPOTLIGHT: MEET ERIN!

reach out to people in all walks of life and give them real, usable ways to live healthier lives and make smart decisions about their bodies and their health.

When you're not busy with medical school, where might we find you?

Sleeping! When I'm awake, though, I love exploring Cincinnati- Findlay Market, Eden Park, and the Serpentine Wall are a few of my favorite places. I also love to bake: my chocolate chip pecan cookies are to die for.



CORNER FOR THE CAUSE:

NATIONAL IMMUNIZATION AWARENESS MONTH

Back to school for many students means getting their required vaccinations like tetanus, pertussis, diphtheria (Tdap) MCV4, and MMR. Another immunization is recommended to be added to the list- the HPV vaccination. The CDC suggests vaccinating your child for HPV as soon as age 11.¹⁹ HPV, or human papillomavirus, is a common sexually transmitted infection with over 100 different types. Often times HPV carries no symptoms and people become infected without knowing. Not knowing you are infected can be very serious, as some strains lead to cervical cancer in women while others can lead to genital warts in both men and women.

So why does the Center for Disease Control recommend vaccinating as soon as age 11? It is important that all preteens are vaccinated well before they engage in sexual activity. HPV is easily spread through skin-to-skin contact during sexual activity with another person, and is currently affecting half of all sexually active men, and 3 out of 4 sexually active women.¹⁹ HPV and all health problems associated can easily be prevented through vaccination. The sooner a person is vaccinated, the better. The vaccine is approved for ages 9 through 26, as it can produce higher antibodies to fight the virus at this younger age. Choosing to have your child vaccinated for HPV does not necessarily mean you are condoning sexual activity, but rather ensuring they are protected from serious health problems in the future. It is best to consider HPV immunization BEFORE sexual activity begins, as it can easily be spread even during a first encounter.

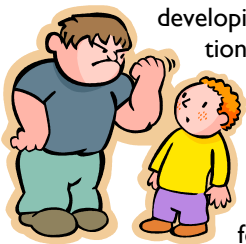
The vaccination can be given to both boys and girls during a regular check-up at a doctor's office through 3 separate doses, administered within three doctor's visits over 6 months. In order for the vaccination to be effective, all three doses are required.

If you are wondering how safe the vaccinations are, there is very little to worry about. The FDA has licensed the vaccinations as safe and effective, and continues to monitor their side effects carefully through safety studies. Side effects are mild, including headache, fever and nausea.¹⁸

The FDA has approved two types of HPV vaccinations, Gardasil and Cervarix. While many assume these vaccinations are for females only, Gardasil is also approved and recommended for males as well. Both vaccines protect against HPV types 16 and 18, which cause cervical cancer, Gardasil is also effective in preventing types 6 and 11 which cause genital warts. While planning back to school check-ups and vaccinations, ask your health care provider about the HPV vaccine. Take charge of your health and vaccinate to protect you and your loved ones from future worry!

MAN TO MAN:

The Men's Health Initiative is currently developing a new educational module focused on addressing bullying in adolescent male populations. Research has shown bullying and other forms of peer manipulation to be important factors affecting an individual's sexual decision making¹⁴. Individuals who are victimized by bullies often feel pressured to have sex before they are ready¹⁵. They also often feel more shame for sexual behavior than individuals who are not bullied¹⁶; this sense of shame reduces the likelihood of condom use and contraceptive use during sex¹⁷. By teaching young men how to recognize the negative consequences of bullying in all aspects of life, the MHI hopes to reduce the incidence of bullying among adolescent men in our community.



Interested in the Men's Health Initiative for your organization?

Contact the program coordinator:
eric.washington@cincinnati-oh.gov

FOR MORE INFORMATION ON THESE ISSUES AND TO KEEP UP TO DATE WITH THE HEALTH AWARENESS CALENDAR, GO TO:
[HTTP://WWW.CDC.GOV/WOMEN/OBSERVANCES/INDEX.HTM](http://www.cdc.gov/women/observances/index.htm)



REPRODUCTIVE HEALTH & WELLNESS PROGRAM, CINCINNATI HEALTH DEPT

Reproductive Health Suite
Clement Health Center
Cincinnati Health Department
3101 Burnet Avenue
Cincinnati, OH 45229

RHWP Hotline:
513-357-7341

Appointment scheduling through the CHD Call Center:
513-357-7320

The Reproductive Health and Wellness Program (RWHP) or the body shop,

is a five-year grant awarded by the Ohio Department of Health to the Cincinnati Health Department and is funded by the federal Title X program. The primary objective of this program is to provide access to contraceptives and reproductive health services to the men and women of Hamilton County, especially to the most underserved populations, so as to reduce the number of unplanned pregnancies, unwanted pregnancies, and ultimately, the number of poor pregnancy outcomes. Through these direct services, education and outreach, the program also hopes to cultivate a culture of responsibility, well-being, and empowerment in regards to sexuality and reproductive health. To date, we've enrolled more than 3,000 unique individuals, and continue to grow, learn, and serve.

For additional information regarding the project, please contact Dr. Jennifer Mooney at:

jennifer.mooney@cincinnati-oh.gov



National Girlfriend's Day!

August 1st is National Girlfriend's Day. Whether it's a romantic partner or best friend, encourage her to always use protection and take care of her reproductive health!

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